



Access Services
Consolidated Transportation
Services Agency
PO Box 5728
El Monte, CA 91734

Tel: 213.270.6000
Fax: 213.270.6055
Email: info@asila.org
Web: asila.org

Community Advisory Committee

– Become a Member of the Access Team

Access Services is currently in the process of restructuring our **Community Advisory Committee (CAC)**. Access established the CAC in 1995 as an advisory body intended to represent the voice of the disability community. The CAC has greatly assisted Access throughout the years with respect to developing the Access paratransit program to best meet the needs of the disability community in Los Angeles County.

As part of this restructuring, Access and our Board of Directors wants to ensure that the CAC represents our customers by ensuring that each of our six service regions are equally represented and also that the broad spectrum of disabilities have a voice on the CAC.

Access and our Board of Directors intend to select the committee members for the newly formed CAC by year's end and are actively looking for new applicants that best reflect the current landscape of persons with disabilities in Los Angeles County. If you are interested in serving on the CAC, we strongly encourage you to apply; here's how:

- Contact Access Services at **1-800-827-0829** and request an application or visit our website at http://www.asila.org/about_us/cac.html to print an online application.
- The application will assist you in determining if you qualify to serve, applicants should be either a registered Access customer or someone who works or volunteers with organizations that serve persons with disabilities in Los Angeles County.
- Complete the application and mail to the return address provided.
- Submit your application to Access by **December 9, 2011**.

access



Access Services
PO Box 5728
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November 8, 2011

RE: Access Services Community Advisory Committee

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Access and our Board of Directors intend to select the committee members for the newly formed CAC by year's end and are actively looking for new applicants that best reflect the current landscape of persons with disabilities in Los Angeles County. If you are interested in serving on the CAC please complete the enclosed application and follow the mailing instructions provided in the application.

The application will assist you in determining if you qualify to serve, applicants should be either a registered Access customer or someone who works or volunteers with organizations that serve persons with disabilities in Los Angeles County.

In order for applications to be considered for this initial review they must be submitted no later than December 9, 2011.

If you have any questions, please contact our Customer Service Center at 1-800-827-0829.

Sincerely,

A handwritten signature in black ink, appearing to read "David Foster", with a large, stylized initial "D" and a horizontal line extending to the right.

David Foster
Acting Director of Customer Support Services

Access Services Community Advisory Committee (CAC)

APPLICATION FOR MEMBERSHIP

Contact Access Services for further application details

The CAC was formed to provide community input and advice to Access Services Board of Directors and staff concerning operational policy issues to impact and improve the Access Services transportation program. While CAC is not intended to be a complaint resolution or appeals board, it does allow for public input. The Access Services Board of Directors shall appoint a slate of fifteen (15) Los Angeles County residents comprised of persons with disabilities or, where needed, persons with knowledge of specific disabilities to the CAC following receipt of an application for CAC membership and a personal interview by the Access Services Director of Customer Service. CAC members are also expected to serve on subcommittees and appeals boards as needed. The CAC meets on the second Tuesday of every month.

1. Contact Information

- a. Are you a resident of Los Angeles County? Yes ☐ No ☐
- b. Full Name (Last, First): _____
- c. If an Access customer, provide your Access ID number: _____
- d. Mailing Address: _____
- e. City and Zip Code: _____
- f. County: _____

g. Preferred Telephone #: _____ Home ☐ Work ☐

h. Preferred E-Mail Address: _____

i. Employer Name (if applicable): _____

j. Your Job Title: _____

2. Please check each disability where you have experience, education, or expertise. For each area checked, indicate years of experience in that area.

	Functional Need	Years of Experience
<input type="checkbox"/>	Ambulatory Disabilities (without use of wheelchair)	
<input type="checkbox"/>	Users of Manual Wheelchairs	
<input type="checkbox"/>	Users of Power Wheelchairs or Scooters	
<input type="checkbox"/>	Persons who are Blind	
<input type="checkbox"/>	Persons who are Partially Sighted	
<input type="checkbox"/>	Persons with a Cognitive Disability (i.e., memory)	
<input type="checkbox"/>	Persons with an Intellectual Disability	
<input type="checkbox"/>	Persons with a Psychiatric Disability	
<input type="checkbox"/>	Persons with a Verbal Communication Disability	
<input type="checkbox"/>	Persons who are Deaf or Hearing Impaired	
<input type="checkbox"/>	Check here for "Other" disability/disabilities that you have experience in but are not listed above	

If "Other", explain the specific disability that you represent not listed above:

[illegible]

6. What qualifications make you an ideal Access Community Advisory Committee member and how do you see yourself contributing to the work of this committee? Please give specific examples.

7. CAC members are asked to attend one (1) two and a half hour committee meeting each month. Additionally, CAC members are sometimes asked to participate in Subcommittee Meetings, Working Groups and Appeals Boards. Will you be able to make this commitment? Yes ☐ No ☐

8. List any references you would like to provide (optional).

9. What is your preferred format for receiving information?

Standard (12 font size) ☐

Large Print (14 font size) ☐

Audio (CD) ☐

Braille: ☐

E-Mail ☐

I have read and understood the enclosed information and do hereby submit this application for membership to the Access Services Community Advisory Committee. I further understand that this application will expire one year after its submission.

Print Your Name: _____

Sign Your Name: _____

Today's Date: _____

Please MAIL or FAX your completed application to:

Access Services

Attn: Community Advisory Committee

PO Box 5728

El Monte, CA 91734

Fax Number: (213) 270-6055